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C. SOCIAL INFORMATION (cont.)

2. Current marital status of head of household? ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown

3. History of Domestic Violence in home of caretaker(s)? ☐ Yes ☐ No ☐ Unknown

4. Any other children in family deceased? ☐ Yes ☐ No ☐ Unknown

4a. If yes, age at death:

--	--

4b. Cause of death: _____

D. INCIDENT SCENE INFORMATION

1. Place of injury/illness event:

- | | | | |
|---------------------------------------|--|---|-----------------------------|
| <input type="radio"/> Decedent's Home | <input type="radio"/> Street | <input type="radio"/> School | <input type="radio"/> Other |
| <input type="radio"/> Other Home | <input type="radio"/> Driveway | <input type="radio"/> Residential Child Care Facility | |
| <input type="radio"/> Hospital | <input type="radio"/> Wooded Area | <input type="radio"/> Body of Water | |
| <input type="radio"/> Highway | <input type="radio"/> Unlicensed Child Care Facility | <input type="radio"/> Work Place | |
| <input type="radio"/> Parking Lot | <input type="radio"/> Licensed Child Care Facility | <input type="radio"/> Rural Road | |

Specify other place of injury/illness event: _____

2. Date of Injury/Illness Incident: (mm/dd/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

3. Time of Injury/Illness Incident:

	:		<input type="radio"/> AM	<input type="radio"/> PM	<input type="radio"/> Unknown
--	---	--	--------------------------	--------------------------	-------------------------------

4. Time Pronounced Dead:

	:		<input type="radio"/> AM
	:		<input type="radio"/> PM
	:		<input type="radio"/> Unknown

5. Autopsy Performed?

- ☐ Yes
☐ No
☐ Unknown

6. Date Pronounced Dead:

		/			/				
--	--	---	--	--	---	--	--	--	--

E. SUPERVISION

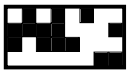
1. Who was in charge of watching the decedent at the time of injury/illness incident? Indicate all that apply

Relationship

AGE

In Charge of Watching Decedent

- a. Natural Father
- b. Natural Mother
- c. Grandfather
- d. Grandmother
- e. Stepfather
- f. Stepmother
- g. Adoptive Father
- h. Adoptive Mother
- i. Foster Father
- j. Foster Mother
- k. Other Adult Relative
- l. Other Adult Non-relative
- m. Father's Significant Other
- n. Mother's Significant Other
- o. Licensed Babysitter/Child Care Worker
- p. Unlicensed Babysitter/Child Care Worker
- q. Other Child
- r. Hospital Staff
- s. Decedent left alone, no one supervising
- t. Due to decedent's age, no one in charge
- u. Other



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E. SUPERVISION (cont.)

2. Was Injury/Illness incident witnessed by anyone other than person(s) responsible for supervision of decedent?

☐ Yes

 ☐ No

 ☐ Unknown

 ☐ N/A

3. Was the decedent adequately supervised? If no, complete remainder of Section E.

☐ Yes

 ☐ No

 ☐ Unknown

 ☐ N/A

(1) At the time of the injury/illness incident, did the person(s) in charge appear to be:

☐ Intoxicated

 ☐ Mentally Ill/limited

 ☐ Unknown
☐ Under the influence of drugs

 ☐ Otherwise impaired (specify) _____

(2) At the time of the injury/illness incident, was the person(s) in charge:

☐ Preoccupied

 ☐ Asleep

 ☐ Unknown
☐ Distracted

 ☐ Other _____

(3) Is the person responsible for supervising other children?

☐ Yes

 ☐ No

 ☐ Unknown
F. PERPETRATOR INFORMATION

1. Did a person(s) action(s) result in this death?

If yes, complete remainder of Section F.

☐ Yes

 ☐ No

 ☐ Unknown

2. Has this person been arrested or charged?

☐ Yes

 ☐ No

 ☐ Unknown

3. Indicate the relationship and age of the person whose actions resulted in this death:

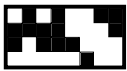
RelationshipAGERACESEX

Relationship to Decedent

- a. Natural Father
- b. Natural Mother
- c. Grandfather
- d. Grandmother
- e. Stepfather
- f. Stepmother
- g. Adoptive Father
- h. Adoptive Mother
- i. Foster Father
- j. Foster Mother
- k. Other Relative
- l. Sibling
- m. Father's Significant Other
- n. Mother's Significant Other
- o. Babysitter/Child Care Worker
- p. Friend
- q. Acquaintance
- r. Stranger
- s. Self

Race Codes: a-White; b-Black; c-Asian/Pacific Islander; d-American Indian/Alaskan Native; e-Multi-racial; f-Other/Unknown

Gender Codes: a-Male; b-Female; c-Unknown



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Was death caused by:☐ G1. Injury ☐ G2. Illness / SIDS / SUID / Other Natural Cause ☐ G3. Unknown Cause**G1. Injury (if marked, also complete one (1) Circumstance section in H3 - H11)**

1. Was the injury caused by an aggressive or assaultive act? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	2. Was injury: <input type="radio"/> Intentional <input type="radio"/> Unintentional <input type="radio"/> Unknown
3. If Intentional, was decedent: <input type="radio"/> Intended victim <input type="radio"/> Random victim <input type="radio"/> Unknown	4. Was the injury alcohol/drug related? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
5. Was the injury gang related? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	6. Did the injury occur during the commission of a crime? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
7. If Suicide: (mark all that apply) <input type="radio"/> Prior Attempts <input type="radio"/> Prior Mental Health Problems <input type="radio"/> Suicide Completely Unexpected <input type="radio"/> Talked of Suicide <input type="radio"/> Had Previously Received Mental Health Services	

G2. ILLNESS/SIDS/SUID/OTHER NATURAL CAUSE

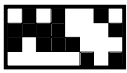
Indicate Criteria for Review

- ☐ Suddenly when in apparent good health
- ☐ Unexpected Or Unexplained
- ☐ In a suspicious or unusual manner
- ☐ While a resident/inmate of a state hospital or a state, county, or city penal institution
- ☐ While unattended by a physician
- ☐ SIDS

1. Condition Diagnosed Prior to Death _____
Complete questions 2-11 of this section, if illness or natural cause of death in infant less than 1 years old. For SIDS/SUID deaths, please complete this section and Section H1)

2. Age at death: <input type="radio"/> 0-24 Hours after Birth <input type="radio"/> 25-48 Hours after Birth <input type="radio"/> 49 Hours - 6 Weeks <input type="radio"/> 7 Weeks - 6 Months <input type="radio"/> 7 Months - 1 Year	3. Gestational age at birth: <input type="radio"/> < 25 Weeks <input type="radio"/> 26 - 30 Weeks <input type="radio"/> 31 - 37 Weeks <input type="radio"/> > 37 Weeks <input type="radio"/> Unknown	4. Birth weight (approximate lbs/oz.): <input type="radio"/> < 1 lb. 10 oz. <input type="radio"/> 1 lb 10 oz. to 3 lbs. 5 oz. <input type="radio"/> 3 lbs. 6 oz. to 5 lbs 8 oz. <input type="radio"/> >5 lbs. 8 oz. <input type="radio"/> Unknown
5. Multiple births? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
6. Total number of prenatal visits? <input type="radio"/> None <input type="radio"/> 4 - 6 <input type="radio"/> Unknown <input type="radio"/> 1 - 3 <input type="radio"/> 7 - 10	7. First prenatal visit occurred during? <input type="radio"/> First Trimester <input type="radio"/> Third Trimester <input type="radio"/> Second Trimester <input type="radio"/> Unknown	
8. Medical complications during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	9. Decedent regularly exposed to tobacco smoke before or after birth? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
10. Drug use during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	11. Alcohol use during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	

G3. UNKNOWN CAUSE (Describe in Section I)



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Indicate circumstance of death and complete corresponding section:

- | | |
|---|---|
| <input type="radio"/> H1. SIDS or SUIDS* | <input type="radio"/> H2. Inadequate Care or Neglect |
| <input type="radio"/> H3. Vehicle Incident | <input type="radio"/> H4. Drowning |
| <input type="radio"/> H5. Firearm | <input type="radio"/> H6. Asphyxia |
| <input type="radio"/> H7. Shaken/Impact Syndrome | <input type="radio"/> H8. Fall Injury |
| <input type="radio"/> H9. Poisoning / Overdose | <input type="radio"/> H10. Fire / Burn / Smoke Inhalation |
| <input type="radio"/> H11. Other Inflicted Injury | <input type="radio"/> H12. Other Circumstance |

*SIDS = Sudden Infant Death Syndrome; SUID = Sudden Unexpected Infant Death

H1. SUDDEN INFANT DEATH SYNDROME (SIDS) OR SUDDEN UNEXPECTED INFANT DEATH (SUID)

**SIDS - is after a death scene investigation, review of history, and autopsy, nothing is found that could have contributed to the infant's death.
SUID - is after a death scene investigation, review of history, and autopsy, there were factors present that could have contributed to the infant's death (e.g., overlay, soft bedding, etc.)*

1. Position of decedent at discovery: <input type="radio"/> On stomach, face down <input type="radio"/> On stomach, face to side <input type="radio"/> On stomach, face position unknown <input type="radio"/> On back <input type="radio"/> On side <input type="radio"/> Unknown	2. Normal sleeping position: <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> Varies <input type="radio"/> Unknown	3. Location of decedent when found: <input type="radio"/> Crib <input type="radio"/> Playpen <input type="radio"/> Bed <input type="radio"/> Couch <input type="radio"/> Floor <input type="radio"/> Other <input type="radio"/> Unknown	4. Item in contact with decedent: <input type="radio"/> Sheet/Blanket <input type="radio"/> Bumper guard <input type="radio"/> Other person <input type="radio"/> Unknown <input type="radio"/> Other _____
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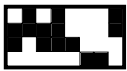
H2. INADEQUATE CARE OR NEGLECT (Mark all that apply)

- | | | |
|---|---|--|
| <input type="radio"/> Apparent Lack of Supervision | <input type="radio"/> Malnutrition | <input type="radio"/> Inadequate Medical Attention |
| <input type="radio"/> Apparent Lack of Medical Care | <input type="radio"/> Dehydration | <input type="radio"/> Out of Hospital Birth |
| <input type="radio"/> Munchausen Syndrome by Proxy | <input type="radio"/> Oral Water Intoxication | <input type="radio"/> Failure to Protect |
| <input type="radio"/> Failure to Thrive (non organic) | <input type="radio"/> Delayed Medical Care | <input type="radio"/> Other _____ |

H3. VEHICLE INCIDENT

1. Position of decedent: <input type="radio"/> Operator <input type="radio"/> Front Seat Passenger <input type="radio"/> Bicyclist <input type="radio"/> Unknown <input type="radio"/> Pedestrian <input type="radio"/> Back Seat Passenger <input type="radio"/> Other _____			
2. Vehicle in which decedent was occupant: <input type="radio"/> Car <input type="radio"/> Bicycle <input type="radio"/> Bus <input type="radio"/> Other _____ <input type="radio"/> Truck/SUV/Van <input type="radio"/> Riding Mower <input type="radio"/> All Terrain Vehicle <input type="radio"/> Not Applicable <input type="radio"/> Motorcycle <input type="radio"/> Farm Tractor/Vehicle <input type="radio"/> Semi-tractor Trailer <input type="radio"/> Unknown			
3. Vehicle in which decedent was not occupant: <input type="radio"/> Car <input type="radio"/> Bicycle <input type="radio"/> Bus <input type="radio"/> Other _____ <input type="radio"/> Truck/SUV/Van <input type="radio"/> Riding Mower <input type="radio"/> All Terrain Vehicle <input type="radio"/> Not Applicable <input type="radio"/> Motorcycle <input type="radio"/> Farm Tractor/Vehicle <input type="radio"/> Semi-tractor Trailer <input type="radio"/> Unknown			
4. Condition of road: <input type="radio"/> Normal <input type="radio"/> Loose gravel <input type="radio"/> Wet <input type="radio"/> Ice/snow <input type="radio"/> Other <input type="radio"/> Unknown			
5. Restraint/Child Safety seat used: <input type="radio"/> Present, not used <input type="radio"/> Used Correctly <input type="radio"/> Unknown <input type="radio"/> None in Vehicle <input type="radio"/> Used Incorrectly <input type="radio"/> Not Applicable			

Continue this section on the next page



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H3. VEHICLE INCIDENT (cont.)**6. Helmet used?**

☐ Yes ☐ No ☐ Not Applicable ☐ Unknown

7. Alcohol and/or other drug used?

☐ Decedent impaired ☐ Driver of other vehicle impaired
☐ Driver of decedent's vehicle impaired ☐ Not applicable ☐ Unknown

8. Primary cause of vehicle incident:

☐ Speeding ☐ Weather Conditions ☐ Unknown
☐ Mechanical Failure ☐ Driver Error ☐ Other _____

H4. DROWNING**1. Place of drowning:**

☐ Lake, River, Pond, Creek, Ocean
☐ Bathtub
☐ Public Swimming Pool
☐ Private Swimming Pool
☐ Bucket
☐ Wading Pool
☐ Well/Cistern
☐ Unknown
☐ Other _____

2. Activity at time of drowning?

☐ Boating
☐ Playing at water's edge
☐ Swimming
☐ Playing in Water
☐ Unknown
☐ Other _____

3. Was decedent wearing a floatation device?

☐ Yes ☐ No ☐ Unknown

4. Did decedent enter area of water unattended?

☐ Yes ☐ No ☐ Unknown

5. Could decedent swim?

☐ Yes ☐ No ☐ Unknown

6. Were alcohol or drugs a factor for decedent?

☐ Yes ☐ No ☐ Unknown

7. Were alcohol or drugs a factor for caretaker?

☐ Yes ☐ No ☐ Unknown

H5. FIREARM**1. Person handling the Firearm:**

☐ Decedent ☐ Acquaintance ☐ Unknown
☐ Family member ☐ Stranger

2. Type of Firearm:

☐ Handgun ☐ Shotgun ☐ Unknown
☐ Rifle ☐ Other _____

3. Age of Person handling Firearm:

☐ Age ☐ Unknown

4. Source of Firearm:

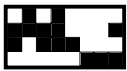
☐ Parent ☐ Friend ☐ Other _____
☐ Other Relative ☐ Purchased by decedent ☐ Unknown

5. Storage location of Firearm prior to injury:

☐ Secured ☐ Unsecured ☐ Unknown

6. Use of Firearm at time of injury:

☐ Shooting at other person ☐ Target shooting ☐ Playing
☐ Shooting at self ☐ Loading firearm ☐ Other _____
☐ Cleaning firearm ☐ Hunting ☐ Unknown



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H6. ASPHYXIA**1. Cause of asphyxia:**

- | | |
|--|---|
| <input type="radio"/> Other person overlaying or rolling over decedent | <input type="radio"/> Object exerting pressure on victim's neck/chest |
| <input type="radio"/> Wedging | <input type="radio"/> Small object or toy in mouth |
| <input type="radio"/> Food | <input type="radio"/> Hanging |
| <input type="radio"/> Other person's hand | <input type="radio"/> Trapped in confined space |
| <input type="radio"/> Object covering decedent's mouth/nose | <input type="radio"/> Other _____ |

2. If sleeping, location of decedent at time of incident:

- | | | |
|--------------------------------------|--|-----------------------------------|
| <input type="radio"/> In crib | <input type="radio"/> Being held | <input type="radio"/> Other _____ |
| <input type="radio"/> In bed | <input type="radio"/> In infant car seat | <input type="radio"/> Unknown |
| <input type="radio"/> On couch/chair | <input type="radio"/> On floor | |

3. If sleeping, was decedent sleeping alone?

- ☐ Yes ☐ No

If, no, how many sleeping with decedent?

- ☐ Sleeping# ☐ Unknown

4. If bedding involved:

- | | |
|--|--|
| 1. Was the design of bed hazardous? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| 2. Was decedent placed on soft bedding? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| 3. Was there improper use of bedding? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |

H7. SHAKEN/IMPACT SYNDROME**1. Suspected trigger**

- | | | |
|------------------------------------|--|-----------------------------------|
| <input type="radio"/> Crying | <input type="radio"/> Feeding Difficulty | <input type="radio"/> Other _____ |
| <input type="radio"/> Disobedience | <input type="radio"/> Toilet Training | <input type="radio"/> Unknown |

H8. FALL INJURY**1. Decedent fell from:**

- | | |
|---|--|
| <input type="radio"/> Open Window | <input type="radio"/> Stairs or Steps |
| <input type="radio"/> Furniture | <input type="radio"/> Man-made Elevation |
| <input type="radio"/> Natural Elevation | <input type="radio"/> Other _____ |

2. Height of fall?

- ☐ Feet # ☐ Unknown

3. Landing surface composition/hardness:

- ☐ Carpet ☐ Concrete ☐ Ground ☐ Other _____

4. Was decedent in a baby walker?

- ☐ Yes ☐ No ☐ Unknown

5. Was decedent thrown or pushed down?

- ☐ Yes ☐ No ☐ Unknown

H9. POISONING / OVERDOSE**1. Type of poisoning:**

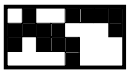
- | | | |
|---|---------------------------------------|------------------------------------|
| <input type="radio"/> Prescription Medicine | <input type="radio"/> Illegal Drug | <input type="radio"/> Food Product |
| <input type="radio"/> Over-the-counter Medicine | <input type="radio"/> Alcohol | <input type="radio"/> Other _____ |
| <input type="radio"/> Chemical | <input type="radio"/> Carbon Monoxide | <input type="radio"/> Unknown |

2. Was substance in safety packaging?

- ☐ Yes ☐ No ☐ Unknown ☐ N/A

3. Location of drug or chemical?

- ☐ In closed, secured area ☐ In closed, unsecured area ☐ In open area ☐ Unknown



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H10. FIRE/BURN/SMOKE INHALATION**1. If burned, the source?**

- | | | |
|---------------------------------------|------------------------------------|-------------------------------------|
| <input type="radio"/> Matches/Lighter | <input type="radio"/> Explosives | <input type="radio"/> Faulty Wiring |
| <input type="radio"/> Cigarettes | <input type="radio"/> Fireworks | <input type="radio"/> Other _____ |
| <input type="radio"/> Combustibles | <input type="radio"/> Space Heater | <input type="radio"/> Unknown |

2. Smoke Alarm present?

- | | |
|---------------------------|-------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> Unknown |
| <input type="radio"/> No | <input type="radio"/> N/A |

3. Smoke Alarm in working order?

- | | |
|---------------------------|-------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> Unknown |
| <input type="radio"/> No | <input type="radio"/> N/A |

4. Fire started by?

- | | |
|--------------------------------|------------------------------|
| <input type="radio"/> Decedent | <input type="radio"/> No one |
| <input type="radio"/> Other | <input type="radio"/> N/A |

5. Activity of person starting fire?

- | | | | |
|-------------------------------|---------------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> Playing | <input type="radio"/> Cooking | <input type="radio"/> N/A | <input type="radio"/> Unknown |
| <input type="radio"/> Smoking | <input type="radio"/> Suspected Arson | <input type="radio"/> Other _____ | |

6. Construction of fire site?

- | | | | |
|-----------------------------------|-------------------------------|-----------------------------------|---------------------------|
| <input type="radio"/> Wood Frame | <input type="radio"/> Metal | <input type="radio"/> Other _____ | <input type="radio"/> N/A |
| <input type="radio"/> Brick/Stone | <input type="radio"/> Trailer | <input type="radio"/> Unknown | |

7. Multiple fire injuries or death?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

8. For structure fire, where was decedent found?

- | | | | | |
|------------------------------|------------------------------|--------------------------------|-------------------------------------|-----------------------------------|
| <input type="radio"/> Hiding | <input type="radio"/> In Bed | <input type="radio"/> Stairway | <input type="radio"/> Close to Exit | <input type="radio"/> Other _____ |
|------------------------------|------------------------------|--------------------------------|-------------------------------------|-----------------------------------|

9. Did decedent know of a fire escape plan?

- | | | | |
|---------------------------|--------------------------|-------------------------------|---------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown | <input type="radio"/> N/A |
|---------------------------|--------------------------|-------------------------------|---------------------------|

10. If burned, the source?

- | | | | |
|---------------------------------|---------------------------------|---------------------------------|-------------------------------|
| <input type="radio"/> Hot Water | <input type="radio"/> Appliance | <input type="radio"/> Cigarette | <input type="radio"/> Unknown |
| <input type="radio"/> Heater | <input type="radio"/> Chemical | <input type="radio"/> Other | |

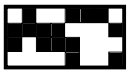
H11. OTHER INFLICTED INJURY**1. Manner of injury? (Check all that apply)**

- | | | | |
|-----------------------------------|-------------------------------|--------------------------------------|-------------------------------|
| <input type="radio"/> Cut/Stabbed | <input type="radio"/> Thrown | <input type="radio"/> Kicked/Stomped | <input type="radio"/> Unknown |
| <input type="radio"/> Struck | <input type="radio"/> Crushed | <input type="radio"/> Other _____ | |

2. Injury inflicted with? (Check all that apply)

- | | | |
|---|-----------------------------------|-------------------------------|
| <input type="radio"/> Sharp object (e.g. knife, scissors) | <input type="radio"/> Hands/feet | <input type="radio"/> Unknown |
| <input type="radio"/> Blunt object (e.g. hammer, bat) | <input type="radio"/> Other _____ | |

I. NARRATIVE DESCRIPTION



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J. COMMITTEE FINDINGS / AGENCY INVOLVEMENT1. Date of first meeting?

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2. Members participating?

- | | | |
|-----------------------------------|---|---|
| <input type="radio"/> Coroner | <input type="radio"/> Public Health/Physician | <input type="radio"/> Juvenile Officer |
| <input type="radio"/> Prosecutor | <input type="radio"/> Medical Examiner | <input type="radio"/> Mental Health _____ |
| <input type="radio"/> DFCS Worker | <input type="radio"/> Law Enforcement Officer | <input type="radio"/> Optional Member _____ |

3. Total number of meetings held? ☐ One ☐ Two ☐ Three or more

4. Incident scene investigation conducted by: (Mark all that apply)

- | | | |
|--|---|-------------------------------------|
| <input type="radio"/> Law Enforcement | <input type="radio"/> EMS | <input type="radio"/> Not Conducted |
| <input type="radio"/> Coroner | <input type="radio"/> Fire Investigator | |
| <input type="radio"/> Medical Examiner | <input type="radio"/> Other Agency | |

5. Investigation by law enforcement:

- | | |
|---|---|
| <input type="radio"/> Conducted, but no arrest | <input type="radio"/> Pending/In progress |
| <input type="radio"/> Conducted, arrest for _____ | <input type="radio"/> Not conducted |

(*For questions J6-J10, please complete an "Agency Involvement" (Form A) for each agency involved with the decedent and/or family before the child's death.)6. Court intervention prior to death of decedent? ☐ Yes ☐ No

If yes, which court(s)? (Check all that apply)

- | | | | | |
|--------------------------------------|-------------------------------------|--|--------------------------------------|-----------------------------------|
| <input type="radio"/> Juvenile Court | <input type="radio"/> Probate Court | <input type="radio"/> Magistrate Court | <input type="radio"/> Superior Court | <input type="radio"/> State Court |
|--------------------------------------|-------------------------------------|--|--------------------------------------|-----------------------------------|

Was court intervention adequate? ☐ Yes ☐ No ☐ Unknown

If No, explain _____

If prior involvement, could **court** intervention have prevented death? ☐ Yes ☐ No ☐ Unknown7. Prior services by Department of Juvenile Justice? ☐ Yes ☐ NoIf yes, were services provided adequate? ☐ Yes ☐ No ☐ Unknown

If No, explain _____

If prior involvement, could **Department of Juvenile Justice** intervention have prevented death?

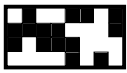
- | | | |
|---------------------------|--------------------------|-------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
|---------------------------|--------------------------|-------------------------------|

8. Prior services by Health Department? ☐ Yes ☐ NoIf yes, were services provided adequate? ☐ Yes ☐ No ☐ Unknown

If No, explain _____

If prior involvement, could **Health Department** intervention have prevented death?

- | | | |
|---------------------------|--------------------------|-------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
|---------------------------|--------------------------|-------------------------------|



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J. COMMITTEE FINDINGS / AGENCY INVOLVEMENT (cont.)**9. Prior services by DFCS?** ☐ Yes ☐ NoIf yes, ☐ Public Assistance (PA) ☐ CPS ☐ Both PA & CPS ☐ Other _____Were services provided adequate? ☐ Yes ☐ No ☐ Unknown

If No, explain _____

J.9.1 Were there reports to Child Protective Services prior to Decedent's death? ☐ Yes ☐ No

If YES, mark all that apply:

☐ Involving Child ☐ Involving Other Children in Family ☐ Involving CaretakerTotal number of CPS reports:

--	--

J.9.2 Was there an open CPS case at the time of Decedent's death? ☐ Yes ☐ NoJ.9.3 Was Child Protective Services notified of child's death? ☐ Yes ☐ NoJ.9.4 If Yes, report accepted as: ☐ Information Only ☐ Report for InvestigationIf prior involvement, could **DFCS** intervention have prevented death?☐ Yes ☐ No ☐ Unknown**10. Prior services by other state agencies?** ☐ Yes ☐ NoIf Yes, were services provided adequate? ☐ Yes ☐ No ☐ Unknown

If No, explain _____

If prior involvement, could **other agency's** intervention have prevented death?☐ Yes ☐ No ☐ Unknown**11. Action by prosecutor?** ☐ Suspected perpetrator, no charge filed ☐ Pending
☐ Charged with: _____ ☐ No action**12. Did committee's review lead to a recommendation of additional investigation?** ☐ Yes ☐ No**13. After review and consideration, the CFR Committee determined the manner of death to be:**☐ Natural/SIDS ☐ Unintentional ☐ Homicide ☐ Suicide ☐ Undetermined**14. Was death a result of suspected Child Abuse?**☐ Yes ☐ No**15. Was death a result of suspected Neglect?**☐ Yes ☐ No**16. Was death a result of confirmed Child Abuse?**☐ Yes ☐ No**17. Was death a result of confirmed Neglect?**☐ Yes ☐ No**If yes for 14, 15, 16, or 17 explain in section below:**



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K. SERVICES OFFERED FAMILY**1. List services offered to family by agencies as a result of death? (Mark all that apply)**

- | | | | |
|--|--|--------------------------------------|-----------------------------------|
| <input type="radio"/> Bereavement Counseling | <input type="radio"/> Emergency Shelter | <input type="radio"/> Health Care | <input type="radio"/> No Services |
| <input type="radio"/> Economic Support | <input type="radio"/> Mental Health Services | <input type="radio"/> Legal Services | <input type="radio"/> Unknown |
| <input type="radio"/> Funeral Arrangements | <input type="radio"/> Social Services | <input type="radio"/> Other _____ | |

L. PREVENTION

A preventable death is one in which, with retrospective analysis, it is determined that a reasonable intervention (e.g., medical, educational, social, psychological, legal, or technological) could have prevented the death. Reasonable is defined by taking into consideration the process (steps that must be taken) to attain the necessary resources (funding, government approval, etc.)

1. To what degree was this death believed to be preventable?

- ☐ Not at all ☐ Possibly ☐ Definitely

2. Primary risk factors involved in the child's death? (Mark all that apply)

- | | | | |
|-------------------------------|----------------------------------|--------------------------------------|--|
| <input type="radio"/> Medical | <input type="radio"/> Economic | <input type="radio"/> Environmental | <input type="radio"/> Drugs or Alcohol |
| <input type="radio"/> Social | <input type="radio"/> Behavioral | <input type="radio"/> Product Safety | <input type="radio"/> Other |

3. Were these risk factors identified prior to the death?

- ☐ Yes ☐ No ☐ Unknown

4. Was any action taken in your community to address the risk factors prior to this death?

- ☐ Yes ☐ No ☐ Unknown

5. Could the caretaker(s) have taken action to reduce the risk?

- ☐ Yes ☐ No ☐ Unknown

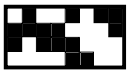
6. What prevention activities have been proposed as a result of this death? (Mark all that apply)

- | | |
|---|--|
| <input type="radio"/> Legislation | <input type="radio"/> Consumer Product Safety Action |
| <input type="radio"/> Community Safety Project | <input type="radio"/> News Services |
| <input type="radio"/> Public Forum | <input type="radio"/> Changes in Agency Practice |
| <input type="radio"/> Educational Activities in School | <input type="radio"/> Other Programs or Activities |
| <input type="radio"/> Educational Activities in the Media | <input type="radio"/> None |

7. Groups with whom to address prevention efforts? (Mark all that apply)

- | | | |
|--------------------------------------|--|-----------------------------------|
| <input type="radio"/> Children | <input type="radio"/> Parents/Care Givers | <input type="radio"/> Other _____ |
| <input type="radio"/> General Public | <input type="radio"/> Child Protection Professionals | |

8. Recommendation to Georgia Child Fatality Review Panel:



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CFR FORM REPORTING INFORMATION

Completed By: _____

Address : _____

Phone # : _____

Fax : _____

E-mail : _____